### **CAT APPLICATION**



220 Beck Road Indiana PA 15701 724.349.1144 724.349.0923 fax www.fourfootedfriends.org

DATE		
CAT'S NAME		

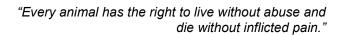
## CRITERIA FOR ADOPTION

#### **ADOPTER'S MUST:**

- 1. Be <u>21 years of age or older</u> and have a valid photo ID showing their present address.
- 2. Have the consent of all the adults living in the household.
- 3. List any and all pets living in the household. THIS INCLUDES PETS OWNED IN THE PAST.
- 4. If you are a renter, you must have the written AND verbal consent of the landlord. Provide a copy of lease agreement or written permission from landlord with signature, address, and phone number(s) so they can be contacted.
- 5. Understand that animals are to be kept as an indoor, household companion and integrated into the family.
- 6. Be physically, emotionally, and financially able to care for the animal selected and take responsibility for all animal care and veterinarian bills.
- 7. Have at least two personal, non-related references.
- 8. Provide current vet reference (to include all pets now owned up to date on all vaccines AND past pets having a positive pet care history).
- 9. Understand and agree that the animal will be spayed or neutered.
- 10. Understand that Four Footed Friends does not guarantee the health or temperament of any adopted animal.
- 11. Understand that they are making a commitment for the lifetime of the animal.

I have read and understand t	he criteria for adoption:		
Address:City:		Zip:	
County:			
Email address:			
Applicant Signature:			

Applications are reviewed and cats are placed based on a proper fit. Often there are multiple applications in which case FFF will make a decision as to which home is likely to be the best home for a particular pet. Please keep in mind that FFF is an adoption agency, not a retail store where cats are purchased off the shelf. The best interests of the cats are our mission.





# **CAT ADOPTION APPLICATION**

Personal Information (Plea	se Print Clearly)						
Name:							
Address:							
City	StateZip						
Borough/Township:			County				
Home Phone #:		V	ork Phone #:_				
Cell Phone #:	E	mail:					
Type of housing:	lf	other, p	olease specify:				
Do you: Own	Rent						
Do you plan to move in the	future?	Yes	No				
When:		W	here:				
If you rent:							
Landlord's Name:							
Landlord's Phone #:							
How did you hear about us?							
Please list below the	people who live	e in you	ır house, startii	ng with yourself:			
Name	Occupation	Age	Primary Cat Caretaker(s)?	Approves of and is willing to help with pet?	Cat allergies?		

## **Basic Adoption Information** Are you interested in a specific cat? If so, who? What attracted you to this pet? What is your primary reason for adoption? When you're not home, where will the pet be kept?\_\_\_\_\_ What will you do with this pet when you go on vacation? Have you ever given up an animal? ☐ Yes No: Explain: What will you do with this pet if you move? For what reasons would you rehome a pet? \_\_\_\_\_ Please provide the following references for us: Name **Phone Number FFF Use: Notes** Non-relation Reference 1 Non-relation Reference 2 Most recent Veterinarian Vet you plan to use for this pet **Pet History Information** 1. Do you have pets now? ☐ Yes ☐ No 2. Have you had pets in the past? ☐ Yes ☐ No ☐ Yes ☐ No 3. Are your pets (up to date on vaccinations (if applicable)? 4. Have your pets been HW/FeLV/FIV tested if applicable AND are negative? ☐ Yes ☐ No 5. Are your pets on monthly flea/heartworm preventatives? ☐ Yes ☐ No 6. Are your pets spayed/neutered? ☐ Yes ☐ No 7. How often do your pets see a vet for testing/exams?\_\_\_\_\_

If you answered "NO" to any of questions 3-6, please explain:

## Please complete the chart below with the required information about your pets (past AND current):

Species/ Breed	Age	Sex	Name	How long kept	Where did you get this pet and why?	Owner's name on Veterinarian records	If no longer with you, what happened to this pet?

I certify that all information supplied on this application is true and correct. I understand that Four Footed Friends reserves the right to refuse adoption to anyone without giving a reason. I am at least 21 years of age. I hereby give permission to contact any of the referenced names on this application.

Please sign below (type your name and initials if submitting via email)

Signature:			Date:	
Approved:	Deny:	Reason:	Date:	